

## CHAPTER 2. SUPPORT FOR CLASS VIII MEDICAL MATERIEL

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### 2-1. ARMY MEDICAL LOGISTICS (MEDLOG) OVERVIEW

a. To better appreciate the Army MEDLOG it is important to understand the different perspectives surrounding our commodity. One viewpoint of MEDLOG may differ from another depending on variables such as logistical support for field medicine versus Medical Treatment Facilities (MTF), wholesale supply versus retail supply, acquisition logistics versus operational logistics. The following information discusses the definition, characteristics, organizations and functions associated with Army MEDLOG.

b. Logistics is defined in many areas that apply to the MEDLOG:

(1) In lay terms, logistics is the science of planning, organizing and managing activities that provide goods or services. An expanded definition includes implementing the acquisition and use of resources necessary to sustain the operation of a system. Generally, logistics considers supply, maintenance, transportation, facilities, services, and related information systems functions.

(2) According to the *DOD Dictionary*, logistics is the science of planning and carrying out the movement and maintenance of Forces. In its most comprehensive sense, those aspects of military operations which deal with:

- ◆ Design and development, acquisition, storage, movement;
- ◆ Distribution, maintenance, evacuation, and disposition of materiel;
- ◆ Movement, evacuation, and hospitalization of personnel;
- ◆ Acquisition or construction, maintenance, operation;
- ◆ Disposition of facilities; and
- ◆ Acquisition or furnishing of services.

(3) MEDLOG within the AMEDD is a subset of Army logistics. Therefore, Army MEDLOG operates within HQDA DCSLOG policy and guidance. At the same time, MEDLOG is a discipline of a larger and fully integrated Military Health System (MHS) that supports the healthcare delivery mission throughout the DOD during peacetime and wartime.

c. MEDLOG, often referred to as Supply Class VIII (SC VIII), has the following attributes/characteristics:

- ◆ Focus on the needs of the patient and provider;
- ◆ Reliance on commercial sources and business practices;
- ◆ Non-standard products (versus military-unique);
- ◆ Potency dating and special handling requirements;
- ◆ Differing expectations based on varying missions, clinician preference, and Service focus;
- ◆ High-dollar value; and
- ◆ Susceptibility to rapid changes in technology and practices.

d. The organizations and functions of the Army MEDLOG integrate with Army and defense logistics and distribution practices from the factory to foxhole. Several

MEDLOG domains exist and are described in the following paragraphs with examples of the types of organizations and primary functions.

(1) IN THE COMBAT HEALTH LOGISTICS (TACTICAL) AREA, MEDLOG relates to field logistics as an integral part of the Army's combat health support. MEDLOG functions at this level include:

- ◆ SC VIII
- ◆ Medical equipment maintenance
- ◆ Blood storage and distribution, and
- ◆ Optical fabrication.

Examples of MEDLOG organizations are:

- ◆ Medical logistics battalions,
- ◆ Companies and detachments,
- ◆ Combat support hospitals, and
- ◆ The Medical Logistics Management Center.

(2) MTF HEALTHCARE LOGISTICS (RETAIL). MEDLOG at the Regional Medical Commands focuses on management, readiness support, and economics. At the fixed treatment facilities retail MEDLOG functions include:

- ◆ Inventory management
- ◆ Biomedical maintenance
- ◆ Facilities management
- ◆ Contracting
- ◆ Property management
- ◆ Other services

(3) ARMY INSTITUTIONAL LOGISTICS (FORCE MANAGEMENT). The MEDLOG in this arena centers on the Army major processes of Force Management and Force Integration, including the Tri-Service arena as part of the MHS. Major functions include:

- ◆ MEDLOG policy; planning, programming and budgeting;
- ◆ Requirements determination; Acquisition logistics and lifecycle management of medical materiel and equipment, MEDLOG information systems, and healthcare facilities;
- ◆ Field medical systems maintenance, sustainment, and recapitalization; and
- ◆ Force projection and force sustainment programs support.

Principal MEDLOG organizations at the Institutional Army are the:

- ◆ Office of The Surgeon General
- ◆ U.S. Army Medical Command
- ◆ Regional Medical Commands
- ◆ AMEDD Center and School, and
- ◆ U.S. Army Medical Research and Materiel Command

In addition, the USAMMA, USAMMDA, and USAMMCE also operate at this Force Management level.

(4) DEFENSE LOGISTICS (WHOLESALE). Defense MEDLOG serves as a national provider and supports sister Services and Army missions and organizations. Primary functions at the wholesale level are:

- unique items;
  - ◆ Wholesale Supply, including inventory management of military
  - ◆ Development and fostering of a variety of commercial materiel acquisition strategies; contract services;
  - ◆ Transportation and distribution; and
  - ◆ Force sustainment support to the Theater of Operations

MEDLOG organizations include the DSCP and DLA depots.

## **2-2. ARMY TRANSFORMATION/MEDICAL LOGISTICS SUPPORT “ARMY AT WAR”/AMEDD MODULARITY/PLANNING, PROGRAMMING, BUDGETING, AND EXECUTION (PPBE)/ARMY RESERVE FORCE GENERATION**

a. Army/AMEDD priorities drive how the USAMMA pursues its mission and vision. In addition to fighting the Global War on Terrorism (GWOT), the Army is conducting its most comprehensive transformation of forces since early World War II. Specifically, the Army Campaign Plan (ACP) and Army Force Generation (ARFORGEN) provide direction for the full range of tasks necessary to achieve these goals and provide relevant and ready forces including:

- ◆ Restructuring the force,
- ◆ Creating modular capabilities, and
- ◆ Obtaining optimal balance between AC and RC force structure.

b. These endeavors, combined with tighter budgets, are the major factors influencing Army/AMEDD priorities. Accordingly, these priorities form the basis for USAMMA’s fielding schedule, Management Decision Package (MDEP) funds execution, and Program Objective Memorandum (POM) requirements.

## **2-3. THE U.S. ARMY MEDICAL MATERIEL AGENCY (USAMMA)**

a. To understand the USAMMA’s roles and organizational position in the military, it is important to understand our principal stakeholders and parent commands. At the highest level is Army Medicine; closer to home is our parent command.

b. The Army Medical Department (AMEDD) consists of Army-fixed hospitals and dental facilities; preventive health, medical research, development and training institutions; and a veterinary command that provides food inspection and animal care services for the entire Department of Defense (DOD). Directing the Army Medical Department is the Army’s Surgeon General who also serves as the Commanding General, United States Army Medical Command. In these capacities, The Surgeon General-Commanding General has the dual responsibility of advising the Army’s senior leaders on health matters and conducting Army staff actions, as well as managing one of the largest, most complex healthcare delivery systems in the world.

c. The USAMMA’s parent command, the U.S. Army Medical Research and Materiel Command (USAMRMC), is located at Fort Detrick, Maryland, approximately 60 miles northwest of Washington, DC. This multifaceted command serves as the

Army's medical materiel developer and logistics manager for the execution of crucial materiel support missions. USAMRMC performs its important medical research and materiel missions through its many organizations located in the United States and around the world.

d. The USAMMA is a unique and multifaceted organization that acts as the Army Surgeon General's central focal point and Executive Agent for strategic medical logistics programs and initiatives. The Agency's mission is to enhance medical logistics readiness throughout the full range of military health service support missions worldwide, develop and implement innovative logistics concepts and technologies, and advance medical logistics information and knowledge. Accordingly, the USAMMA's principal skills and technologies focus on the medical logistician's role in lifecycle management, sustaining and modernizing the medical force (Active, Guard, and Reserve), supporting exercises and contingency operations, and promoting medical logistics information and knowledge. The Agency's three-core competencies described below are those business products and services that support our mission and collectively define the Agency's unique contribution within the AMEDD.

e. The USAMMA's core competencies are:

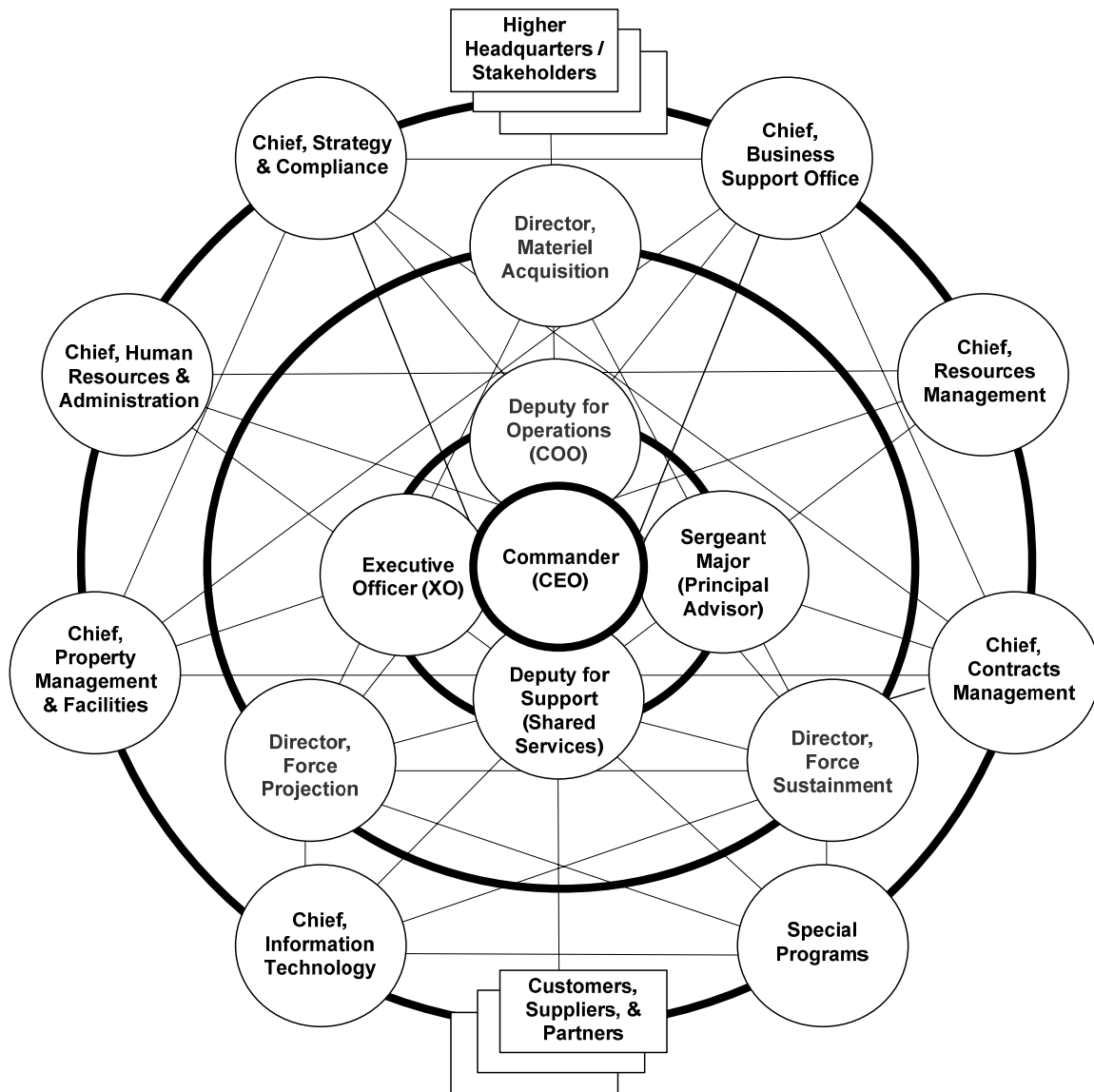
(1) **Acquisition and Lifecycle Management of Medical Materiel.** The USAMMA provides acquisition and related force management expertise as the materiel developer for commercial and non-developmental items, manager for integrated acquisition logistics, and logistician for medical materiel life cycle management in support of combat health services (TOE) and medical treatment facilities (TDA). Force Management is the capstone process involving all processes associated with establishing and fielding combat-ready Army units. This process requires the USAMMA to coordinate and manage a multitude of issues, including:

- ◆ Materiel Acquisition Logistics;
- ◆ Management of AMEDD Sets, Kits, And Outfits (SKOS);
- ◆ Materiel Release, Fielding and Transfer;
- ◆ Integrated Logistics Support;
- ◆ Program Objective Memorandum Build and Management Decision Package Execution;
- ◆ Medical Treatment Facility Support and Services;
- ◆ Technology Watch; and
- ◆ Medical Maintenance Management and operations.

(2) **Force Projection and Force Sustainment.** In the realm of force projection, the Agency centrally manages several Army and OTSG readiness programs. These programs include the acquisition, storage, distribution and transfer of prepositioned stocks located ashore and afloat, as well as medical chemical defense packages and short shelf life pharmaceuticals and other materiel. Integral to this support are partnerships with defense organizations and industry. The USAMMA also supports deployable medical logistics support teams. Within the area of force sustainment, the USAMMA is constantly exploring and employing innovative methods to meld automated information technologies with logistics and transportation best-business practices. Such focused logistics initiatives provide more efficient and accurate ways to deliver and manage precision packages and biomedical maintenance capabilities.

### (3) Medical Logistics Data, Information, and Knowledge

**Management.** The USAMMA creates/obtains, synthesizes, shares, and enhances a wide array of medical logistics data, information, and knowledge to improve individual and organizational performance while satisfying stakeholder customers. Further, the USAMMA performs DOD/DA functions such as the Unit Assemblage (UA) database management, cataloging, Department of Defense Medical Materiel Quality Control (DOD-MMQC) message management, automated information system management, and logistics evaluation and analysis. These functions result in numerous internal and external products that promote knowledge sharing and provide tools and techniques that enhance the efficiency and economy of the U.S. Army.



f. The USAMMA's organizational structure consists of the following Directorates and separate offices:

- ◆ USAMMA COMMANDER
  - Sergeant Major
  - Executive Office
  - Executive Assistant
- ◆ DEPUTY COMMANDER FOR OPERATIONS
  - Force Sustainment Directorate
  - Materiel Acquisition Directorate
  - Force Projection Directorate
- ◆ DEPUTY COMMANDER FOR SUPPORT
  - STRATEGY & COMPLIANCE
  - FACILITIES & PROPERTY MANAGEMENT DIVISION
  - RESOURCE MANAGEMENT DIVISION
  - HUMAN RESOURCES/MANPOWER & TRAINING DIVISION
  - INFORMATION MANAGEMENT/INFORMATION TECHNOLOGY
  - BUSINESS SUPPORT OFFICE
  - CONTRACT MANAGEMENT DIVISION

g. Contact the appropriate office through the Internet website at:  
**<http://www.usamma.army.mil>**.

#### **2-4. DEPUTY COMMANDER FOR OPERATIONS (MCMR-MMO/DCO)**

a. The Office of the Deputy Commander for Operations (DCO) was developed as part of the USAMMA's 2005 reorganization. The reorganization was in an effort to provide executive level leadership, management, and oversight of the Force Sustainment, Materiel Acquisition, and Force Projection Directorates and re-establish the Agency's Logistics Readiness arm. The USAMMA's DCO serves as the Agency focal point for all USAMMA operations (internal and external) and represents the Commander, in his absence, on all matters pertaining to the USAMMA.

b. The DCO is also responsible for oversight of the Agency's Medical Logistics Management Internship Program as well as USAMMA's newly established Logistics Readiness Division.

#### **2-5. MATERIEL ACQUISITION DIRECTORATE (MCMR-MMO-A)**

a. The Materiel Acquisition Directorate (MMO-A) serves as the AMEDD's acquisition and total lifecycle logistician. This Directorate is responsible for managing commercial-off-the-shelf medical materiel in support of both deployable (TOE) and fixed (TDA) healthcare delivery systems worldwide.

b. MMO-A also serves as the AMEDD's focal point for Acquisition Logistics Support/Sustainment for lifecycle management of commercial and non-developmental medical materiel and sets, including the following:

- ◆ Maintenance Planning
  - ◆ Supply Support
  - ◆ Support Equipment
  - ◆ Training and Training Support
  - ◆ Packaging, Handling, Storage & Transportation
  - ◆ Technical Data (e.g., IETMs & MARC)
  - ◆ The Medical Care Support Equipment (MEDCASE), SuperCEEP, and the Management Decision Package “FL8D” Other Procurement, Army (OPA) Requirements and Execution Programs.
  - ◆ The AMEDD Class VIII Secondary Inventory Control Activity (SICA) and Tri-Service focal point for all aspects of medical (and some non-medical) cataloging of supplies and equipment.
  - ◆ The integration and migration of medical technology for TDA facilities as the proponent for the Technology Assessment and Requirements Analysis (TARA).
- c. *SB 8-75-MEDCASE* (20 March) and *SB 8-75-S5* (20 May) are dedicated entirely to the missions and functions of DA-level programs utilizing the Defense Health Program (DHP) guidelines for equipment acquisition procedures for AMEDD health care treatment facilities.
- d. For additional information contact, USAMMA, ATTN: MCMR-MMO-A, Fort Detrick, MD 21702-5001; telephone DSN 343-4329 or 301-619-4329.

## **2-6 FORCE PROJECTION DIRECTORATE (MCMR-MMO-P)**

a. The Force Projection Directorate (MMO-P) serves as the USAMMA Commander's lead for Class VIII centralized program management, security assistance program oversight, customer relation's management, situational awareness, and organizational security. Responsibilities also include the full range of planning, programming, budgeting, maintaining, and contractual obligations for the materiel to support these programs. Plans and coordinates with DoD, DA, DLA, AMC, Services, and other organizations on matters pertaining to functions in support of these programs.

b. The MMO-P as a Deputy and two distinct Divisions. The Deputy Director assists the Directorate in the oversight of all MMO-P programs. The Deputy is responsible for all Directorate administration, personnel actions, automation management, programming and budgeting, requirements determination, and security assistance (i.e., Foreign Military Sales).

c. The two Divisions include Centralized Contingency Programs (MMO-PM) and Current Operations (MMO-P).

(1) MMO-PM is responsible for the management of the Class VIII portion of the Army Prepositioned Stocks (APS) program, Medical Chemical Defense Materiel (MCDM) program, Reserve Component Hospital Decrement (RCHD) program, and Unit Deployment Program (UDP). This office also assists the Directorate in the Planning, Programming, Budgeting, and Execution (PPBE) in support of these programs.

(2) Additional information on USAMMA Class VIII centralized programs is located in the *DA SB 8-75-S7* (dated 20 July 2006).

(3) The Current Operations Division (MMO-PO) of this Force Projection Directorate is the single point of entry into the organization for the customer inquiries and other staff elements. The Current Operations Chief manages the organization's Emergency Operation Center (EOC) in support of contingency operations. Current Operations is the Agency's gatekeeper for taskings and training management. They assist the USAMMA Commander with situational awareness to ensure timely support to the Warfighter. They are the Agency's lead for all security matters.

d. To contact the EOC for customer inquiries or other information, please phone DSN 343-4408 or Commercial 301-619-4408; email to NIPRNET is [usammaeoc@amedd.army.mil](mailto:usammaeoc@amedd.army.mil), or SIPRNET [jadethrs@force1.army.smil.mil](mailto:jadethrs@force1.army.smil.mil). The USAMMA mailing address is:

USAMMA  
ATTN: MCMR-MMO-P  
1423 Sultan Dr., Suite 100  
Fort Detrick MD 21702-5001

## **2-7. FORCE SUSTAINMENT DIRECTORATE (MCRM-MMO-S)**

a. The Force Sustainment Directorate has principal responsibility in the domain of Army force management. Specifically, MMO-S is responsible for the worldwide introduction, sustainment, and reclamation of medical Sets Kits and Outfits (SKOs) and individual medical equipment items for the Army medical force (Active, Reserve, and National Guard Components). This includes the building and distribution/fielding of medical assemblages, depot operations, and operational support of the Army Medical Units, management of actions relating to assembly of sets, fielding, and follow-on logistics support for medical systems and equipment to ensure combat ready forces in peacetime.

b. Functions and accountabilities of the directorate are:

- ◆ FORCE MANAGEMENT.
- ◆ AMEDD MATERIEL READINESS MISSIONS IN SUPPORT OF ACTIVE, RESERVE, AND NATIONAL GUARD UNITS.
- ◆ ASSEMBLY BUILDS.
- ◆ MEDICAL MAINTENANCE OPERATIONS.
- ◆ MEDICAL EQUIPMENT CONVERSION.
- ◆ FOLLOW-ON SUPPORT FOR NEW ITEMS AND SETS.
- ◆ PARTICIPATES IN THE AMEDD MATERIEL ACQUISITION PROCESS AS THE LOGISTICIAN AND READINESS COORDINATOR IN COORDINATION WITH THE FORCE PROJECTION DIRECTORATE.
- ◆ SERVES AS A VOTING MEMBER AT IN-PROCESS REVIEWS (IPR), TEST INTEGRATION WORK GROUPS (TIWG) FORCE INTEGRATION WORKING GROUPS, AND JOINT WORKING GROUPS.
- ◆ SERVES AS A PRIMARY MEMBER OF THE ORGANIZATIONAL INTEGRATION TEAM IN FIELDING OF MAJOR MEDICAL SYSTEMS.



c. In addition, MMO-S provides a variety of actions during Force Deployment and Force Sustainment operations, as well as support of the Army's transformation that includes current Force Design Updates (FDUs), i.e., Brigade Combat Teams and Divisional Unit Fieldings. The Distribution Operations Center and the Reserve Component Liaison responsibilities also reside within the MMO-S.

d. The *SB 8-75-S4* dated 20 April is dedicated primarily to the mission and functions of the TOE and Field Medical Logistics.

e. For additional information contact, USAMMA, ATTN: MCMR-MMO-S, Fort Detrick MD 21702-5001; telephone DSN 343-4310 or 301-619-4310.

## **2-8. DEPUTY COMMANDER FOR SUPPORT (MCMR-MMA)**

a. The Deputy Commander for Support (DCS) provides executive level administrative management and oversight of centralized support for the USAMMA.

b. Primary responsibilities of the DCS include:

- ◆ AGENCY-WIDE STRATEGIC PLANNING AND PERFORMANCE MANAGEMENT,
- ◆ CORPORATE COMPLIANCE & MONITORING,
- ◆ HUMAN RELATIONS/MANPOWER/TRAINING & ADMINISTRATION,
- ◆ RESOURCE MANAGEMENT,
- ◆ INFORMATION MANAGEMENT/INFORMATION TECHNOLOGY,
- ◆ CONTRACT MANAGEMENT,
- ◆ BUSINESS SUPPORT FOR THE AGENCY'S ENTERPRISE SYSTEM, AND
- ◆ FACILITIES/PROPERTY MANAGEMENT.

c. The DCS group exists as an enabler through the delivery of relevant and responsive shared services across all facets of the organization.

## **2-9. ORGANIZATIONAL DIAGRAM**

Located on page 2-10 is the 2006 USAMMA Organizational diagram. This diagram reflects the most current structure of new office names and the recent reorganization.

# USAMMA 2007 Organizational Chart

